ISSIZIBESI

FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

15 APR 15 PM 2: 16

			Office	e Use Only
NAME OF TOOMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
AMANDA CURTIS FOR SENATE				
	2040.0			
ADDRESS (number and street)	3242 Cummins Way			
Check if different				
than previously reported. (ACC)	Missoula		MT 59802	·
2. FEC IDENTIFICATION NUM	MBER ▼CITY	\	STATE A	ZIP CODE
C C00567834	3. IS THIS	NEW	AMENDED	STATE ▼ DISTRICT
	REPORT		(A)	MT 00
4 TYPE OF REPORT (c)		<u> </u>		
4. TYPE OF REPORT (Choo	(b) 12-Day P	PRE-Election Report for the:		
(a) Quarterly Reports:		D.: (100)		
April 15 Quarterly Re	port (Q1)	Primary (12P)	General (12G)	Runoff (12R)
	port (Q2)	Convention (12C)	Special (12S)	
October 15 Quarterly	Report (Q3) Election	on M / D D	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	in the State of
January 31 Year-End	Report (YE) (c) 30-Day P	OST-Election Report for the	 9:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (T	Election	on	, <u> </u>	in the State of
5. Covering Period 02	/ 19 / YYYYYY 19 / 2015	through 03	11 11 (1 11	2015
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer Mary Sexten Holm Clarry do				
Signature of Treasurer Manus	tall	_ '	Date Date	3'2115
NOTE: Submission of false agreement or incomplete information				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
Office Use Only				EC FORM 3 Revised 02/2003)